

Instructions

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Xie 1



| Section 1. | Identifying Inform | nation | | |
|--|---|---|---|----------------------|
| 1. Given Name (Fi Xianbiao | | 2. Surname (Last Name) Xie | 3. Date 16-Septen | nber-2020 |
| 4. Are you the corresponding author? | | Yes ✓ No | Corresponding Author's Name Bo Wang, Jingnan Shen | |
| | | | vivorship In Patients With Upper Extre | mity Osteosarcoma |
| 6. Manuscript Ide TCR-20-2187 | ntifying Number (if you kn | now it) | | |
| | I | | | |
| Section 2. | The Work Under Co | onsideration for Public | ation | |
| any aspect of the s statistical analysis, | ubmitted work (including | but not limited to grants, da | a third party (government, commercial, pri a monitoring board, study design, manusc | |
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| of compensation clicking the "Add | the appropriate boxes i n) with entities as descri | n the table to indicate who bed in the instructions. Us port relationships that wer | ether you have financial relationships (e one line for each entity; add as many e present during the 36 months prio | lines as you need by |
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| Do you have any | | | oadly relevant to the work? Yes | √ No |

Xie 2



| Section 5. | | | | | |
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| Dr. Xie has nothi | ing to disclose. | | | | |

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Xie 3



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Zeng 1



| Section 1. | Identifying Inform | aation | | |
|---|----------------------------|--------------------------------|---|--|
| 1. Given Name (Fi Ziliang | | 2. Surname (Last Name) Zeng | 3. Date 16-September-2020 | |
| 4. Are you the corresponding author? | | Yes ✓ No | Corresponding Author's Name Bo Wang, Jingnan Shen | |
| | | | vivorship In Patients With Upper Extremity Osteosarcoma | |
| 6. Manuscript Iden TCR-20-2187 | ntifying Number (if you kr | now it) | | |
| Section 2. | | | | |
| Section 2. | The Work Under Co | onsideration for Public | ation | |
| Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes You | | | | |
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| Section 3. | Relevant financial | activities outside the s | ubmitted work. | |
| Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo | | | | |
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| Do you have any | patents, whether plan | ned, pending or issued, br | oadly relevant to the work? ☐ Yes ✓ No | |

Zeng 2



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Tu 1



| Section 1. | Identifying Inform | nation | | |
|--|----------------------------|--|--|---|
| 1. Given Name (Fi Jian | rst Name) | 2. Surname (Last Name) Tu | | 3. Date 16-September-2020 |
| 4. Are you the corresponding author? | | Yes ✓ No | Corresponding Author's Nam Bo Wang, Jingnan Shen | ne |
| | | | vivorship In Patients With Սր | pper Extremity Osteosarcoma |
| 6. Manuscript Ide | ntifying Number (if you kr | now it) | _ | |
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| Do you have any | | | oadly relevant to the work? | ☐ Yes ✓ No |

Tu 2



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Yao 1



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|---|--|---|--|
| 1. Given Name (First Name) Hao | | 2. Surname (Last Name) Yao | 3. Date 16-September-2020 |
| 4. Are you the corresponding author? | | ☐ Yes ✓ No | Corresponding Author's Name Bo Wang, Jingnan Shen |
| 5. Manuscript Title Regional Lymph Node Involvement Is Associated With Poorer S Than With Lower Extremity Osteosarcoma: A SEER analysis 6. Manuscript Identifying Number (if you know it) TCR-20-2187 | | | vivorship In Patients With Upper Extremity Osteosarcoma |
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| Do you have any | | | oadly relevant to the work? Yes V No |

Yao 2



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| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo | | | | | |



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| Section 1. | Identifying Inform | nation | | | |
|---|----------------------------|--|--|--|--|
| 1. Given Name (Fi Yiying | rst Name) | 2. Surname (Last Name) Bian | | 3. Date 16-September-2020 | |
| 4. Are you the corresponding author? | | Yes ✓ No | Corresponding Author's Nam Bo Wang, Jingnan Shen | ne | |
| | | | vivorship In Patients With U | pper Extremity Osteosarcoma | |
| 6. Manuscript Ide TCR-20-2187 | ntifying Number (if you kr | now it) | _ | | |
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| Section 2. | The Work Under Co | onsideration for Public | ation | | |
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| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo | | | | | |



| Section 5. | | | | | |
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| Dr. Bian has noth | ning to disclose. | | | | |

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Lv 1



| Section 1. | Identifying Inform | aation | | |
|--|----------------------------|--|--|---|
| 1. Given Name (Fi Dongming | rst Name) | 2. Surname (Last Name) Lv | | 3. Date 16-September-2020 |
| 4. Are you the corresponding author? | | Yes ✓ No | Corresponding Author's Nan Bo Wang, Jingnan Shen | ne |
| 5. Manuscript Title Regional Lymph Node Involvement Is Associated With Poorer Survivorship In Patients With Upper Extremity Osteosarcoma Than With Lower Extremity Osteosarcoma: A SEER analysis | | | | pper Extremity Osteosarcoma |
| 6. Manuscript Ide | ntifying Number (if you kr | now it) | _ | |
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| Do you have any | | | oadly relevant to the work? | ☐ Yes 🗸 No |

Lv 2



| Section 5. | | | | | |
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| Section 5. | Relationships not covered above | | | | |
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Lv 3



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Wang 1



| Section 1. | Identifying Inform | ation | | | |
|--|--|--|---|---------------------------------------|--|
| 1. Given Name (First Name) Bo | | 2. Surname (Last Name) Wang | | | 3. Date 16-September-2020 |
| 4. Are you the corresponding author? | | ✓ Yes | No | | |
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| Section 2. | | | | | |
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| Do you have any | patents, whether plan | ned, pending | or issued, broadly relevan | nt to the work? | Yes 🗸 No |

Wang 2



| Section 5. Relationships not covered above | | | | |
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Shen 1



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|--|---------------------------|--|-----------------------------|---|
| | identifying inform | ation | | |
| 1. Given Name (First Name) Jingnan | | 2. Surname (Last Name) Shen | | 3. Date 16-September-2020 |
| 4. Are you the corresponding author? | | ✓ Yes No | | |
| Than With Lowe | | na: A SEER analysis | rer Survivorship In Patient | s With Upper Extremity Osteosarcoma |
| TCR-20-2167 | | | | |
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| Section 2. | The Work Under Co | onsideration for | Publication | |
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| Do you have any | patents, whether plani | ned, pending or issu | ued, broadly relevant to th | ne work? ☐ Yes ✓ No |

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